

MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING



_____, Mass. Date _____ 20____ Permit # _____
 Building Location _____ Owner's Name _____
 _____ Type of Occupancy _____

New ☐ Renovation ☐ Replacement ☐ Plans Submitted: Yes ☐ No ☐

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	RANGES	HEATER RANGES	OVENS	GRILLES	HEATING BOILERS	FURNACES	UNIT HEATERS	WATER HEATERS	DRYERS	GAS GENERATORS	LABORATORY COCKS	CONVERSION BURNER	ROOF TOP UNITS	VENTED ROOM HTRS	POOL HEATERS	TESTS	DIRECT VENT HTRS.	OTHER
SUB-BASEMENT																		
BASEMENT																		
FIRST (1ST) FLOOR																		
SECOND (2ND) FLOOR																		
THIRD (3RD) FLOOR																		
FOURTH (4TH) FLOOR																		
FIFTH (5TH) FLOOR																		
SIXTH (6TH) FLOOR																		
SEVENTH (7TH) FLOOR																		
EIGHTH (8TH) FLOOR																		

Installing Company Name _____
 Address _____
 Business Telephone _____
 Name of Licensed Plumber or Gasfitter _____

Check one: Certificate
☐ Corporation
☐ Partnership
☐ Firm/Co.

INSURANCE COVERAGE:

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142 Yes ☐ No ☐

If you have checked yes, please indicate the type of coverage by checking the appropriate box.

A liability insurance policy ☐ Other type of indemnity ☐ Bond ☐

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the MGL, and that my signature on this permit application waives this requirement.

Signature of Owner or Owner's Agent _____ Owner ☐ Agent ☐

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws.

By _____
 Title _____
 City/Town _____
APPROVED (OFFICE USE ONLY)

Type of License:
☐ Plumber ☐ Master
☐ Gasfitter ☐ Journeyman
 Signature of Licensed Plumber/Gasfitter _____
 License Number _____

